PR001 02-Oct-18

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification			3. Date/Time o	3. Date/Time of Accident 4. Date/		ath	5. Fatal Case No	
Fatal Injury	Powered Ha	wered Haulage			08/22/2018 11:45 PM		08/23/2018 01:15 AM		
6. Mine Information :	•			•		•			
a) Mining Company Name b) Mine Name				c) Parent of Mining Company					
Haines & Kibblehouse Inc		Birdsboro Mat	Birdsboro Materials		John B		Haines IV; John R Kibblehouse		
7. Mine Location : a) City		b) Co	b) County		c) State 8.		B. Mine ID Number:		
Birdsboro		Berks	Berks			36-08803	36-08803		
10. Primary Mineral Mined:		11. Number of Mine Employees:	· ·	o) Underground	c) Open Pit/	Quarry d) M	ill/Prep Plant	e) Other	
CRUSHED & BROKEN	TRAPROCK IV	Zimprojees:	30	0	10.77	4	18	8	
12. Contractor Name:					13. Uni	ion	14. Contrac	tor ID Number:	
15. Contractor Address: a) City			l	b) County			c) State d) Zip Code		
16. Number of Contractor Employees: a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other									
17. Number of Persons in Min	ne at Time of Acci	dent:		18. Number	of Persons Unacc	ounted For:			
a) Mine Employees:	5	b) Contractor Employee	es: 0	a) Mine E	mployees:	0 b) С	ontractor Emp	loyees: 0	
19) Location of Accident								20. Mining Height:	
	01-Underground 03-Open Pit 07-Advanc				X 30-Mill/Prep		er (specify)	Feet Inches	
02-Surface at Undergro		06-Dredge Mining	08-Retreat	Mining	99-Office Fac	cility		55 0	
21. Nonfatal Injuries:	22. F	atal Injuries: 1							
23. Victim Information : a) Name b) Age Brent D. Cosner 29									
c) Regular Job Title:			at Time of Acc				X M	ine Employee	
Groundman				Manually c	leaning west b	end pulley.		Ĭ. v	
24. Experience : Years W	eeks Days	Years Wee	eks Days		Years Week	s Days	,	Years Weeks Days	
) at the mine: 1 17	′ 5 c) a	t activity (23d)	1 17		Contractor		
25. Autopsy Performed: If Yes, Location						26. Mine Telepho			
YES Reading, PA (610) 404-8440) 404-8440		
27. Description of Accident (in The victim used an aerial manually clean the north sinjuries.	lift positioned u	nder the No. 3 tunnel	belt to access	s the take-up p	ulley assembly	components. As			
The information provided in regarding the cause of the acc		l on preliminary data ON	LY and does no	t represent final	determinations r	egarding the nature	of the incident	or conclusions	
28. Equipment Manufacturer: JLG Industries, Inc.									
30. District: M2000 North		ndustries, Inc.			29. Model:	JLG	600S		
14011		ndustries, Inc. 32. Field Office	ce: Kutztov	vn PA	29. Model:		600S at Number: 67580	071	
34. Accident Investigator:	JLG I				29. Model:		nt Number: 6758()71 Time	
	JLG I		Kutztov 35. MSHA Pe		29. Model:	33. Ever	nt Number: 67580 te		
34. Accident Investigator: Michael J. Carey 36. Type of Report:	JLG I		Kutztov 35. MSHA Pe Victor	rson Notified: J. Lescznske	29. Model:	33. Ever	nt Number: 67580 te	Time	

38. Reason For Amendment:

Information found during the accident investigation resulted in revisions to the following: Item 10, Item 20, Item 23 d, Item 27 & Item 29.